

cise on the one hand, and in the use of green vegetables or alkalies on the other, the principal elements of the prophylactic treatment of biliary calculi.

To patients suffering from this affection, we should, therefore, continues *M. Trousseau*, prescribe walking exercise, a regimen having for its basis green vegetables, to which may be added lean meat and fresh fruit thoroughly ripe. The patient should abstain from eating oleaginous matters, such as fat of meat, butter, oil, milk; he should also partake sparingly of amylaceous or gelatinous matters, which, on account of the large proportion of carbon they contain, have the greatest analogy with fat. We may at the same time recommend the use of alkaline mineral waters, such as those of Vichy, the Mont Dore, etc. Not that these are to be given so as to saturate the system with the mineral principles of the waters, but only in such a way as to improve the general health. They should not be given continuously for too long at a time, but their use should be interrupted and again resumed.—*Edinb. Med. Journ.*, July, from *Journal de la Méd. et de Chirurg. Pratiques*.

12. *Treatment of Diphtheria*.—*M. LOISEAU*, in a communication to the *Gazette Hebdomadaire* (Aug. 19th), urges upon his professional brethren not to use debilitating means in the treatment of diphtheria, and to put their trust in topical and styptic measures. The author adds the following figures, which speak volumes: Out of ninety-five patients treated topically, only two died; one without treatment (we must suppose that the author means that the patient was carried off before the topical treatment could be used), and the other with an imperfect treatment. All the others recovered, without any unpleasant sequelæ, and even without a well-marked period of convalescence. As to the ages of the patients, *M. Loiseau* divides the cases in the following manner:—

Patients.	Age.	Recoveries.
15 . . .	from 0 to 2 years . . .	13
22 . . .	“ 2 to 6 “ . . .	22
9 . . .	“ 6 to 12 “ . . .	9
10 . . .	“ 12 to 18 “ . . .	10
39 . . .	“ 18 to 60 “ . . .	39
Total 95		93

More than half of those whom *M. Loiseau* attended after they had been treated with emetics and alterants perished, and the greater part of those who recovered suffered subsequently from œdema, anasarca, or paralysis, or had to go through a protracted convalescence.

13. *Tannin in Large Doses in Albuminous Anasarca*.—Although the internal use of tannic acid is still very limited in France, its employment in large doses has been much recommended lately in other countries, and has been extended to numerous cases which, while proving its innoxious character, appear to exhibit it as possessing some totally new properties. It has been shown to be useful in all cases where it is required to arrest hemorrhages, to give tone to the organism, or to remedy morbid secretions. It has been employed, for example, with great benefit in albuminuria, diabetes, and serous infiltrations.

From these considerations, *Dr. P. GARNIER* has been induced to employ tannic acid in the albuminous anasarca consecutive to scarlatina; and he adduces several cases illustrative of this mode of treatment, drawn from his own experience and from cases recorded by other physicians. The cases all prove that in the general serous infiltration of the tissues complicated with albuminous urine, there is a rapid and simultaneous disappearance of these two morbid phenomena under the influence of tannin alone, administered in a large dose. The conclusions drawn by *Dr. Garnier* are that tannin, employed in doses of two to four grammes a day (3ss to ʒj), cures anasarca or œdema developed passively and occurring simultaneously with albuminous urine; that its curative action is manifested by abundant urine, gradually resuming its physiological characters, by perspiration, easy alvine evacuations, return of appetite, &c.; that these signs appear from the second day of the administration of the tannin; that given

in solution in doses of twenty to fifty centigrammes at a time, tannin causes no unfavourable symptoms affecting the digestive passages; and lastly, that the action of tannin appears to be exerted primarily upon the fluids of the economy, the albuminous principles of which it coagulates and renders plastic, and that its consecutive action on the solids appears to be tonic and astringent.—*Brit. and For. Med.-Chir. Rev.*, July, 1859, from *Archiv. Générales de Méd.*, Jan., 1859.

14. *Local Use of Perchloride of Iron in the Treatment of Membranous Angina.*—Perchloride of iron has been employed with some success in the treatment of membranous angina (*Angine Couenneuse*). M. Gigot, of Levroux, after having ascertained by experiment the effects of the styptic action of perchloride of iron on fresh pseudo-membranes recently removed from the throats of patients, employed this agent in a certain number of cases of diphtheritic angina, during a severe epidemic of this disease which visited Levroux. He applied the perchloride on the pharyngeal mucous membrane and the diphtheritic exudations by means of a sponge or a piece of lint. The first effect of this application was the immediate expulsion of mucous matters, which were coagulated by the perchloride, and either expectorated by the patient or left adhering to the sponge. The slender and slightly adherent pseudo-membranes were also immediately detached, but the most adherent were removed only in small fragments similar to portions of muscular fibre macerated in water. M. Gigot treated ten patients with this agent, of whom one, an infant four years old, died, from the extension of the disease to the larynx. Of the other nine, there were two in whom the perchloride of iron was replaced, at the end of two days, by the bicarbonate of soda. In these patients the pseudo-membranes were reproduced between each application of the perchloride of iron, and were always easily removed. Lastly, in the seven others the angina was arrested in a few days. M. Gigot never applied the perchloride more than twice in the twenty-four hours. One of the cases was a very well-marked instance of membranous angina in a girl of seventeen, living in a locality where two children had recently died of that disease. There was great swelling of the glands of the neck, fetid breath, difficult deglutition, pulse 110, vomiting, and epistaxis. A grayish pseudo-membrane, of a fibrinous appearance, covered the whole of the right tonsil and extended all along the pillar of the velum palati. The perchloride of iron was applied three times, by means of a piece of lint, over the whole of the pharyngeal mucous membrane as far as the epiglottis, and at the second application the false membranes were detached, their volume was diminished, and they were shrivelled and dried by the perchloride. A gargle of bicarbonate of soda was employed on the same day, and after four days of this treatment the patient entirely recovered.—*Brit. and For. Med.-Chir. Rev.*, July, 1859, from *Gaz. des Hôp.*, Oct., 1858.

15. *Peculiar Efficacy of Sulphate of Copper in Exciting Vomiting in the Treatment of Croup.* By Dr. MISSOUX.—The importance of repeated vomiting in the treatment of croup is admitted by many practitioners, but the choice of an emetic is a point which has not hitherto been fully determined. Since vomiting has been considered by some as the mechanical act which induces the detachment of the false membranes, tartar emetic has been employed for the purpose. Others have preferred ipecacuanha, the dynamic action of which is less depressing than that of tartar emetic, but there its superiority ends. The sulphate of copper, in addition to its emetic action, possesses a very remarkable property of acting locally, and this peculiarity makes it superior to tartar emetic and ipecacuanha. With the latter substances, the patients derive benefit only from the mechanical act of vomiting, and when the false membranes are expelled, others are formed. The case is quite different with sulphate of copper, for when a solution of this salt is employed, the secreting surfaces are so modified, that no more false membranes are formed, or if they are formed, they no longer present the plasticity which renders them so adherent to adjoining parts. Dr. Missoux, after a practice of eighteen years, states that the sulphate of copper has been in his hands the most successful emetic agent in the treatment of croup.